STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR LTYPE OR PRINTS H. Marshall Bruce, Sr. 15 83 12:55P M 5. DATE OF BIRTH IF UNDER 24 HPS 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR White July 24,1900 82 Male Ta. BIRTHPLACE ESTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S. Somerset WIDOWED DIVORCED | I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a LISUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Railroad Dispatcher Alice Byrd Tawes Nursing Home Crisfield MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 13b COUNTY 13e. STREET ADDRESS 21853 13d. INSIDE CITY LIMITS? RFD. Somerset Princess Md. Ammen IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Tda Sheplette M. Bruce Warvland ADDRESS 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT NO OF HANCHA IN TEL ONE WAR OF DATES! Tony Bruce, Somerset Ave, Princess Ann IL CAUSE OF DEATH (Enter only one couse per line for ja), ib), and ic. once CHF4 COPD PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO: OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse call stating the DUE TO, OR AS A CONSEQUENCE OF underlying course last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 14s DATE OF OPERATION 20s. IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY THE HOW INJURY OCCURRED CENTER WATURE OF INJURY IN ITEM TE PART I GRIPART IS HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF BITHER INCTIFY WEDS ALEXANDERS 19 HI LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STAM AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHEE 22s.1 certify that (lifthis haspital) attended the deceased from and that in Imy (lour) spinion death occurred on the date and hour and from the causes stated (etc) (did) (did not) view the body often death THE SIGNATURE CEGREE 27r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN TO DIRECTOR | PHYSICIAN [IAN'S NAME THE DEFENT TI* ADDRESS 731. NAME OF CEMETERY OR CREMATORY 73e BURIAL CREMATION: REMOVAL 234 LOCATION 73h: DATE .19/83 Beechwood Princess Anne: Somerset, Md Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Princess Anne, Md. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤼 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I, DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Edward 3-17-83 12:30p Reginald Cox 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Male White 1896 87 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED USA Maryland Somerset WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR McCready Mem. Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Crisfield 21817 Assembly Auto Mfg. ISUAL RESIDENCE (IF NURSING HOME, OTHER INSTITUTION GIVE 30. STATE 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Somerset Crisfield Maryland Rt. 2 - Box 306 NOX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST James Cox Iona Riggin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 216-01-7399 Flora C. Eder - same as 13 abcde No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF > CUB Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene YES NOT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from and that if my (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS Dr. James Sterling Main St., Crisfield, Md. 230 BURTAL, CREMATION, REMOVAL 73h DATE 73¢ NAME OF CEMETERY OR CREMATORY Burial 3/19/83 Mariners Cemetery Crisfield - Somerset - MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 DEGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) Bradshaw & Sons. Main St., Crisfield, Md. 21817

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	FOR STATE REGISTRAR		DEPARTN	CERTIFICATE OF DEAT		REG. NO.	084	8 0
Ī	DECEASED NAME	FIRST	WIOOFE	LAST	20 DA1	E OF DEATH MO	NTH DAY YEAR	2h HOUR
	(TITE OR PRINT)	Hilda	M.	Daugherty	Ber S		3-12-83	9:20p M
	SEX	4 RA	CE	5. DATE OF BIRTH		(IN YEARS LAST BIRTHD		IF UNDER 24 HRS
	Female	u)hite		905 7	78	YRS.	HOURS MIN
· 1	BIRTHPLACE (STAT	E OR FOREIGN 7b. C	TIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	9 BALT	IMORE CITY OR	OUNTY OF DEATH	
35	MARYLAN	D	USA	WIDOWED DIVORO	CED	Somerset		MO
Pa	O. CITY OF TOWN OF			G HOME OR OTHER INSTITUT		JAL OCCUPATION		OF BUSINESS OR
opti	Crisfield	d É	dw. W. McCrea	dy Memorial Ho		CAMSTRE		TORY
	SUAL RESIDENCE (#	NURSING HOME OF OTHER	INSTITUTION GIVE RESIDENCE BEFORE			EET ADDRESS		71817
35	MARYLAND		0000		_ //	Somer	SCAUE AON	er ment
12.0	4 FATHER'S NAME			15. MOTHER'S MA	IDEN NAME	00117470		NI WIGHT
190	Thom	MIDDLE	Daugh	entil Pmm	0	RIGOLE	Donata	1
	60 WAS DECEASED E			RITY NO. 17. INFORMANT	77	DDRESS	CHOTHE	RISTERED
medica	LYES NO OR UNKNOWN	(IF YES, GIVE WAR	315-05-	9937 MRS /	11/10	1504 171	Somese Ave	e. md
the the	IN CAUSE OF D	FATURE AND AND AND		-10 11.1112 1-1	0114 274	30N 126	APPROX	MATE INTERVAL
	PART I. DEAT	H WAS CAUSED BY:	couse per line for (o), (b), one	14.	Hosil	1100	BETWEEN	ONSET AND DEATH
	100	IMMEDIATE CA	USE (a) It Spoten	Swin Mean	S POUL			
	1771		DUE TO, OR AS CONSEQUE	1. Alexani	101	. Missa		
	Conditions, if		(p) 10099p	He ausquil	nated v	margue	incy	
2	couse (o), s	toting the	DUE TO, OR AS A CONSEQUE	NCE OF	11	0	U	
5		((c) Severe	Anemia 1	nanitu	1 L		
'dualin	PART 2. OTHER 190. DATE OF OP 210. ACCIDENT WA	SIGNIFICANT COND	OITIONS <u>CONTRIBUTING TO D</u>	EATH BUT NOT RELATED TO T	THE TERMINAL DIS	EASE OR CONDIT	ON GIVEN IN PART 11	0
ouó.	190. DATE OF OP	ERATION	96. CONDITION FOR WHICH	OPERATION WAS PERFORME	D 200. A		DE IF YES, WERE FINDING CAUSES	
	Ē				YES [□ NOM	YES [NO 🗌
0 6	210 ACCIDENT WA		Ib. TIME OF INJURY HOUR A.M. MONTH DA	210 HOW INJURY	OCCURRED (ENT	ER NATURE OF INJURY IN	ITEM 1B, PART I OR PART 2)	
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	P.M.	19				
5	OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC		1e PLACE OF INJURY	211 LOCATION STREET	90.00	CITY OF TOWN	COUNTY	STATE
	AALLIST DATE	T WHILE	AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)		CITY ON TOWN	COUNTY	SIAIC
Ē	220.1 certify the	(N) (this hospital) o	ttended the deceased from	. 19	9to		19	that (I) (we) lost
-/	saw the de-	readed alive on	_ 19	, and that in (my) (our)	opinion death oc	urred on the dote		
	22b. SIGNATU	Y Jail Laid nat New	sphe body when death.	DEGREE	-		22c, DATE	SIGNED
		homa	W).	ATTEN	DING MEDIC	CAL STAFF	- 2/	102
	22d PHYSICIAN	S NAME (TYPE OR PRINT		22e, ADDRESS	ICIAN DIREC	TOR PHYSICIAN	0/12	185
		oger Suare			dy Hospi	tal, Cris	sfield, Md.	21817
2	30. BURIAL, CREMATI	ON, REMOVAL 23E	DATE 230 N	AME OF CEMETERY OF CHEM	AATORY 23d L	OCATION CITY OR TOWN	COUNTY .	STATE .
-	BURIAL	3	115183 CB	15Field (eme		ISFIELD	JOMERSOY	md.
81	4. FUNERAL DIRECTO	Funeral	Mome. Califoffe	ld, Md. 21817		7 1002	REGISTRAR'S SIGNAT	URE
	Hillian	Tug Pas	Citize Site	id, 710. 2101/	MAR 1	1 1303	- und	may

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fun should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified as

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STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	REGISTRAR		CERTIF	CATE OF DEATH	O	REG. NO.		•	
		CEASED NAME FIRST	MIDDLE	l	AST	2a. DATE	OF DEATH MONTH	DAY YEAR	26 HOUR	
		JULIA	to Jani	25.		3	120/83		930 4	M
	3. SEX		4. RACE	5. DATE O			(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR	
	7.	Male	Black	3	24 8	2	Y	RS. // 10		
Č	a. BIR	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTI	MORE CITY OR COL	INTY OF DEATH		
2	/	7d.	USA	WIDOWE	D DIVORCED	0 5	omers	set	^	MD.
7	C.	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		- 11/	1 (TYPE OF V	AL OCCUPATION WORK FOR MOST OF WORKI	INDUSTRY	OF BUSINESS C	OR
(USUA 13a. S	a /	NTY 13c CITY O	BEFORE ADMISSION) R TOWN	130. INSIDE CITY LIMIT	- 100	ET ADDRESS	173	2181	6
	14. FA	THER'S NAME	SPFSEIL BO	SOCE	YES NO	NNAME	U. BOX	1/2		_
0		Gerald		ams	Kat B	n	MIDDLE	Jone	5	
		(AS DECEASED EVER IN U.S. AR. es, no or unknown) (IF YES, GIV	MED FORCES? 16b SOCIAL	L SECURITY NO.	Auston	Jone	ADDRESS F	10, Box	179	
3		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a) ((b) and (c)	100010	00170	3 (IMATE INTERVAL	=
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	105	REE W:	ALT	SLOCK	BETWEEN	ONSET AND DEATH	H
		3940	DUE TO, OR AS A CONS	SECTION OF	00 (10					_
		Conditions, if any, which		SPINAT	rary A	21557				
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF			mella ma		113411	
		underlying couse lost	4.4	MA	SOMETS	,5				
	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 10	2	
	17101	IA- DATES OPERATION	Tigh CONDITION FOR W	WHEN OPERATION	111115 0505 001150	100	TO BOW O	5 V55 1 V505 5 V 10 V	LT INDIA	
-	CERTIFICATION	190 DATE OF OPERATION	M ITWA	-	~ 05LS	YES [IN CE	FYES, WERE FINDIN ERTIFYING CAUSES YES [
		218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 4 11 1101171	H DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER	R NATURE OF INJURY IN ITEA	M 18 PART (OR PART 2)		
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
		WHILE NOT WHILE AT WORK					1			
		22a.1 certify that (this hospit saw the deceased alive an	bo / a		, 19		3/20		that 🕙 (we) la	ost
Ī		obove, (I) (we) (did) (did no	t) view the body ofter death.		d that in (m) (our) op	inion death accu	rred on the date and			
		1/2 / 1 / W			DEGREE ATTENDI	NG MEDIC.		22c. DATE	21/CI	3
		22d. PHYSICIAN'S NAME ITYPE O	R PRINT)		PHYSICIA 22e ADD SESS	AN J DIRECTO	OR PHYSICIAN		90	_
		Re Stoo	mAkin 1	us	10 5	OKL	3 POC	make	un	_
		URIAL, CREMATION, REMOVAL	3-24-83	23c. NAME OF CI	METERY OR CREMAT	101	OCATION CITY OR TOWN	COUNTY	STATE	
		NERAL DIRECTOR	258	- nan	250		BY REGISTRAR 256: RE	GISTRAR'S SIGNAT	URE	_
	W	m. H. James TI	- Church's	F. Pr. A	nne Md	MAK 28	1983	and Ca	mich	
										-

DHMH - 16 50M 1/81 (VRA 15, 4)

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KIRLING STATE OF THE STATE OF ALLEN ASSETS THE STREET STATE

1.	FOR		DEPA	RTMENT OF	TE OF MAR		HYGIENE	a	-	-		153	0
11-	STATE REGISTRAR			AL EXAMIN			200	HÖ	REG. NO.	8	da	Ö	6
	ECEASED NAME (PE OR PRINT)	JOSEPH	(no		LUTZ			OF ES	OWN D	MONTH	31 10	YEAR 83	26 HOU
3. SE		hite 5. D	ATE 07811H 3 -7 191		MONTHS (YR. IF UNDER	R 24 HRS. 2c	DATE ONOUNCED DEAD		MONTH 3	DAY	YEAR	a / 2d. HOU
F	SIRTHPLACE (STATE OR OREIGN COUNTRY)	7b. (USA		8. MARRIED	NEVER MARK	RIED 🛄	Some	erset	-			
10. (risfield	1 (NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)			FOR MOS	OCCUPATION OF WORKING	LIFE)	OF WORK	Pain		
3a. 3	AL RESIDENCE (IF IN N STATE ryland		ER INSTITUTION, GIVE RESIDE		(N)		13e, STREE	T ADDRESS	x 19	2	18-)/	
4. F	ATHER'S NAME FIRST Louis	MID	DLE	Lutz		Margare	ENNAME	MIDDLE			Laugh		
16a.	WAS DECEASED EVE YES, NO. OR UNKNOWN) Yes	R IN U.S. ARMED F (IF YES, GIVE WAR O WW II	R DATES)	social security 18–09–01		rbert L			DDRESS George	-		Ral	to Mi
	Canditions, if gave rise to cause (a) stotin lying cause last	MAS CAUSED BY: IMMEDIATE CA any, which immediate immediate ing the under- t.	(b) DUE TO, OR AS A (Myocardi Consequence c	DF DF)			BETWEE	oximate i	AND DE ATH
CERTIFICATION	PART 2 DTHER SIGNIFICA		BUTING TO DEATH BUT NOT				ART 1 (a).				2D. AUT	OPSY?	
	21a EXTERNAL CAL	OR	27b. TIME OF INJUR HOUR A.M. MON	TH DAY YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NAT	URE OF INJURY II	N ITEM 18 PAR	RT 1 OR PA			NO 🗆
MEDICAL	21d. INJURY OCCUI	RRED	P.M. 21e PLACE OF INJU STREET, FACTORY, FAI		211. LOCATION STREET	NO	C	CITY OR TOWN		со	UNTY		STATE
	220. I certify that death resulted fran		he remains described uses Accide		Autapsy Cide ,	Inspection Hamicide , ITLE (SPECIFY) Deputy	Undetern	Inquiry X	r 🔲,	in my ap		1/83	

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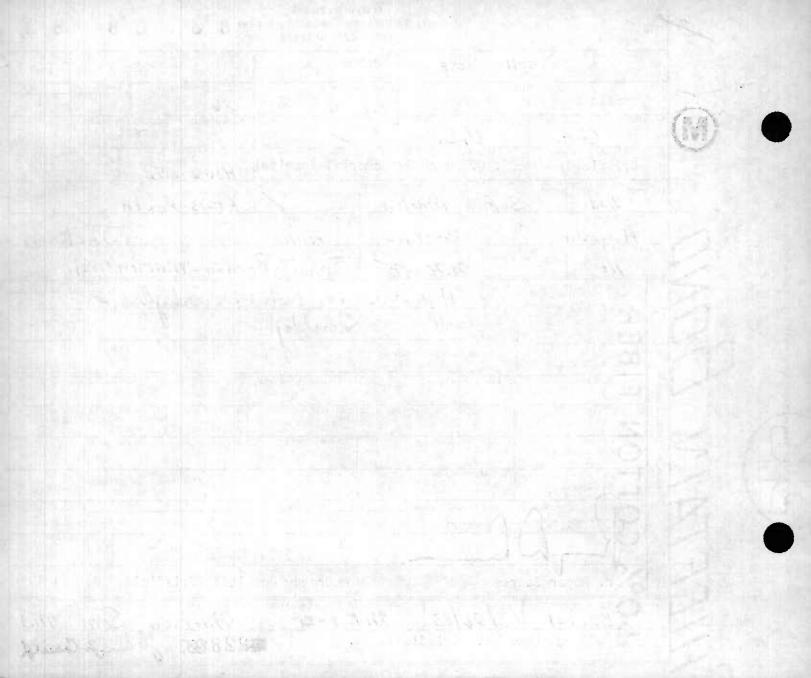
2	1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	0 8 4 8	3
		CEASED NAME FIRST ROS	Sall ROSE	Mason	20. DATE OF DEATH	3-22-83 YEAR 3:00	
49	3. SE	× Female	Negro	5. DATE OF BIRTH MONTH DAY YEAR HUG 18 1896	6. AGE (INYEARS LAST BII	RTHDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS YRS	24 HRS MIN.
M)		RTHPLACE (STATE OR FOREIGN GA.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	S	OR COUNTY OF DEATH OME rset	MI
177	10. C	Crisfield	11. NAME OF HOSPITAL, NURSIN Edw. W. MCC Pead	or or other institution po Mamorial Hospita	12a. USUAL OCCUPAT		-
Ser must be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)		TOU. IT TO IDE CITT ENVITTO	Rt-13-1	30× 1A 2183	38
O Pexolo		Augusta	MIDDLE GOFF	15 Ann	WIDDLE	JACKSO	n
e medico			MED FORCES? (E WAR OR DATES) 16b. SOCIAL SECU 2/120 44	95 DONNITA	Borden-W	larion Md.	10
rry, or other froumo	7	Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO DE	senting	RMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)	
ows ony inju	CERTIFICATION	19a. Date of Operation	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\text{NO} \)	H?
r Item 18 sh	MEDICAL CER	2]a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 2]d. INJURY OCCURRED	P.M.	AY YEAR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
orked o	ME	WHILE AT HIGH AT WICH	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	21f. LOCATION STREET	CITY OR TO	OWN COUNTY STA	ATE
m 21 is m		sar- the deceased alive on above, fi) (we) (did) (diagna	tal; attended the deceased from		n deoth occurred on the d	, 19, that (1) (we ote and hour and from the couses state	
ter		22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STA	22c. DATE SIGNED	
± ::		22d. PHYSICIAN'S NAME (TYPE O	hama	PHYSICIAN	MEDICAL STA	FF CIAN [

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Roger Suares McCready Hospital, Crisfield, Md. 21817 23c. NAME OF CEMETERY OF CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 24 FUNERAL DIRECTOR Anthony Ward, Cove St., Crissield, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician



	1 -	FOR - STATE REGISTRAR			DEP	ARTMENT OF I	E OF MARY LEALTH AND LICATE OF	MENTAL HYG		REG. NO.	0 8	d.	8 4
(m)		CEASED NAME	FIRST		AIDDLE		LAST	Ten	20. DATE OF DE	ATH MON		YEAR	26 HOUR
(川鮮)	1. SE	×	Vaugh	n RACE	T.	5 DATE O	ason !	Jr.	6. AGE (IN YEARS		-10-83	LYEAR	2:15 am
1		Male	177.4		nite	MONT		1935	47	THO PHILIPPI	MONTHS	DAYS	HOURS MIN.
Pog Move	_	WTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF V		TRY? 8		MARRIED .	9. BALTIMORE	CITY OR CO	VRS. UNITY OF DEA	ATH	
1 1 32		Maryland		US	SA	WIDOW		DIVORCED	Sc	omerse	t		MD
71	С	risfield		Edw. V	V. MCCI			Hospit	120 USUAL OCC	CUPATION POST OF WOR	KING LIFE) JNDI	CIND OF USTRY Ober	set Co.
A thed in the state of the stat	Ma	AL RESIDENCE IF NURS STATE ryland	Somer	set	GIVE RESIDENCE I 131. CITY OR Crist	SEFORE ADMISSION) TOWN Tield	YES 🔀	CITY LIMITS?		ress Frankl	in Lane	(2	1817)
mpletel and 2 s	14. F/	ATHER'S NAME FIRST	Ť	DDIE	Masc	on. Sr.	15 MOTHER	Agnes		IDDLE		Som	ane
5 9-	16n V	Vaughn VAS DECEASED EVER				SECURITY NO.	17. INFORM			ADDRESS		DOM	era
ond ond Pages	'n	YES, NO OR UNKNOWN)	none	VAR OR DATES)	214-34			Lee Mas	on San	ne as	13 a, b,	c,d	, 0
equires that the de in signed by the att Then please removi rto burial, crematia injury, or other trau	NOI	Conditions, if any, gave rise to immercause (a), statinunderlying couse	mediate ng the last.	(c)	AS A CONSI	a	NOT RELATE	DULL ED TO THE TERMI	Con NAL DISEASE OF	R CONDITIO	DE GIVEN IN P	ART Ita	14
The low raision. Ste has been as permit. Agree prior shows any	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPS	(? 20b.	IF YES, WERE CERTIFYING CA YES [FINDING AUSES (GS USED OF DEATH? NO
SICIAN: TI ng physicia certificate ental Hygin frem 18 she		OR CONTRIBUTING	CAUSE OF DEATH		A. MONTH	DAY YEAR	21c. HOW I	INJURY OCCURR	ED (ENTER NATURE	OF INJURY IN IT	EM 18 PART TORP	ART 2)	
G PHY ortending or this ond M ked or	MEDICAL	216. INJURY OCCURI	RED	P.A 21e. PLACE C (AT HOME, STRE		FICE, FARM, ETC.)	21f LOCAT	ION et	CI	TY OR TOWN	CONI	NTY	STATE
ATTENDIN Sspital or (CTOR: Aft d for use or d for use or or Health		22a.1 certify that (1) saw the decease abave, (1) (we) (c	ed alive on_			19, ad		, 19 y) (aur) apinian d	, to eath occurred or	n the date or	, 19 nd have and fro		hat (I) (we) last ouses stated
by the hotel DIRE ERAL DIRE detacher State Depr		22b. SIGNATURE	7.8	Ba	w	h.	DEGREE		MEDICAL DIRECTOR	STAFF PHYSICIAN		DATE S	10782
CO HOSPITAL etained by the TO FUNERAL should be detrimith the State with the State		Dr. M	ME (TYPE OR P				Rt	.#413, C	risfield	d, Md.	21817	, /	13
BP	23a 6	BURIAL, CREMATION,		3/12	/83	Sunnyr	Lage C	emetery	Crist		Somer	set	Md .
DHMH - 16 50M 1/81		JNERAL DIRECTOR NAME adshaw & S			ADDR			250. DATE	REC'D. BY REGI	STRAR 25b. R	REGISTRAR'S SI	IGNATU	IRE
(VRA 15, 4)						555		1817 MAI	1 5 198	1			

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Bradshaw & Sons

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	Seul-Back	N. Mars		Apper at		4-	r sogles

	REGISTRAR ECEASED NAME YPE OR PRINT)	FIRST		MIDDLE	LAST		20. DATE KN		ONTH DAY	YEAR	2b. HOUR
第 年		WILLIAI		T.	PRUITT,	JR.	DEATH MA	ATED K M	ar. 3,	19 83	9:45
3. SE	Male	White 5.	DATE OF BIRTH	6. AGE (IN YE) LAST BIRTHD	MONTHS DAYS	HOURS MIN.	S. 2c. DATE PRONOUNCE DEAD	Mar.	DAY DAY	YEAR	10 50
N.	BIRTHPLACE (STA OREIGN COUNTRY) Virginia	TE OR 7b	CITIZEN OF WH	AT COUNTRY?	8. MARRIED IN NEV	/ER MARRIED DIVORCED	9. BALTIMOR Somer	set Co		EATH	MD
Pth:	Crisfiel		(IF NOT IN SUCH FACE	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) McCready		TION 12a. U	SUAL OCCUPAT OR MOST OF WORKING Lerman	ION (TYPE OF W	ORK 12b. KIN OR Sec	D OF BUS INDUSTRY 2 1 00 d	INESS
3a :	ial residence (1 State irginia	FIN NURSING HOME OR O' 196 COUNTY A CCO!		RESIDENCE BEFORE ADMISSION TO TOWN Tangler	13d. INSIDE (I'	TY LIMITS? 13e S	TREET ADDRESS Box 142	(33/4	10)- 9	99	99
14. F	ATHER'S NAME	n Tř	IOMAS	Pruitt. S	r. Net	R'S MAIDEN NAM			Crock	ĉett.	
160. Ye	YES, NO. OR UNKNOW	EVER IN U.S. ARMED	FORCES?	230-42-54		n C. Pru		ne as 1	13 a, b,	c,d,	8
	Canditions gave rise cause (a) s lying cause		AUSE (a)	Acute M. S A CONSEQUENCE C A S CONSEQUENCE C IT NOT RELATED TO THE TERM	DF DF	GIVEN IN PART 1 (a).				EEN ONSET	The same of the sa
CERTIFICATION	190 DATE OF C			ON FOR WHICH OPER					20. Al	UTOPSY?	
	210 EXTERNAL UNDERLYING			MONTH DAY YEAR	21c HOW INJURY	OCCURRED (ENTE	R NATURE OF INJURY I	IN ITEM 18 PART 1		ES 🗌	NO X)
	214 INTURY OF		21e PLACE OF	19 FINJURY (AT HOME, RY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN		COUNTY		STATE
MEDICAL	AT WORK	AT WORK									
23a, E		that I took charge of	auses X,		Autapsy , , , , , , , , , , , , , , , , , , ,	PECIFY)	Inquiry Exertment manner to the second manner to th	er , R D	ATE 3/4 GNED 3/4	4/83 Md.	 218 17

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	1			STATE OF MARYLAND	AND DELL'AND THE		
		FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 3	0 8 4	0 /
e ج		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH		
deot			phen H.	Schoolfield		3-2-83	12:15a
after	3 SE	Male	BIK.	5. DATE OF BIRTH MONTH 2 DAY YEAR 19	6 AGE (IN YEARS LAST B	YRS.	
176	P	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	WIDOWED DIVORCED	Somers	OR COUNTY OF DEATH	1 MI
17		risfield	Edw. W. McCre	RSING HOME OR OTHER INSTITUTION REET ADDRESS) Eady Memorial Hospi	TYPE OF WORK OR MOST	OF WORKING LIFE INDUST	D OF BUSINESS OR
33	130		NTY 13c. CITY OR 1	70Y 13d. INSIDE CITY LIMITS	Rt 1. Box 3	11 3	1838 M
90	14. E.	EPHEN	D Scho	Ried Aire	NAME	Hz	nd Y
medicol		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b SOCIAL S VE WAR OR DATES) 215-14	1-3592 Cordelias	chosie 12	Samez	s 13e
vent, th			nly one couse per line for on b	helmensy	Anex	APP BET WI	ROXIMATE INTERVAL EEN ONSET AND DEATH
troumotic		1629 Conditions, if ony, which	DUE TO, OR AS	actases &	Brain		7
r other tr		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENTE OF Lunh		1	819
o 'Auniu	NO O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAXED TO THE T	ERMINAL DISEASE OR CO	NDITION GIVEN IN PART	1404
g G	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH? NO
or Item 18 sh		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR PART	2)
rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 711. LOCATION STREET	CITY OR T	OWN COUNTY	STATE
21 іѕ то		sow the deceased alive of	or New the body after death.	X	, to	date and hour and from	, tho (1) we) los the couses stated
ANT: If Item	1	126 SIGNATURE	100	DE GREE ATTENDING PHYSICIAN	G A MEDICAL STA	AFF O	TE SIGNED
IMPORTANT	(Dr. James St	OR PRINT)	22e ADDRESS	., Crisfield		7
₹.	23a	BURIAL, SPEMATION, REMOVAL PECIFY) 5, 1983		NAME OF CEMPTERY OF CREMATO			+ SIMA
1/81		UNERAL DIRECTOR NAME NORMA Ward	Marion	1 20 strig 250.	AR 8 1983	00.	NATURE

A) = 100 = 100 PWIE JE CA 14 2 F The state of the latter of the bank. The bank is the second Marian Somerace Marian was series of Marian rite Stephen D Scholie a Alice TASK TO THE PROPERTY OF THE SHOOK OF THE BOND BY THE The selection of the second Me to the so The Tommer world release the state of the st The way to the second of the s

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lave carbanpapers. Pages 1 and 2 shauld be filed injury, ar other traumatic event, the should be detached for use as the burial-transit permit. Then please remave carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal TO FUNERAL DIRECTOR: After this certificate has been signed by the

1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

8 8 8 8

	REGISTRAR				CERTIF	ICATE O	DEATH	0	REG. N	10.	0		9
	CEASED NAME OR PRINT)	Katharin	e B			Shock	Tel ten	20. DATE	OF DE ATH	3-2	27-83 YEAR	2h HOUS	30p
3. SE	Female	4. RACE	White		5. DATE O	DAY	1909		74	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 2	24 HRS MIN.
	RTHPLACE (STATE OR F COUNTRY) aryland	OREIGN 76 CITIZI	U.S.A		8. MARRIE WIDOWE		R MARRIED [9. BALTIA	Some r	_	Y OF DEATH		MD
19	TY OR TOWN OF DEA Crisfield	Edw		ccread	y Mem	or other in	Hospit	TYPE OF W	AL OCCUPAT ORK FOR MOST OUSEWI	OF WORKING L		OF BUSINES	SS OR
130. S Ma	ryland	136 COUNTY Somerset		SIDENCE BEFORE ITY OR TOWN risfie		YES 🗌	CITY LIMITS?		et address Ckerto	Rt. 1. wn Ros	Box 32	2 (218	17)
	Hewitt	MIDDLE		easley			r's MAIDEN I lorence		MIDDLE	V45	Di	ggs	
	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARMED FOR (IF YES, GIVE WAR OR D NONE		7-14-1		17 INFORM	d L. Si	hock	Same		3 a, b, c	,d,e	1
	Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2. OTHER SIGN	which pediate property pediate property pediate property pediate property pediate pedi	TO, OR AS A (b) TO, OR AS A (c) ONS CONTRIB	CONSEQUE	NCE OF	NOT RELAT	ED TO THE TE	RMINAL DISE	ASE OR CON	DITION GI	VFN IN PART 1		
CERTIFICATION	190 DATE OF OPERAT		CONDITION		380	45			JTOPSY?	206. IF YE	S, WERE FINDING CAUSES	NGS USED	
MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTHEY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH HO	P.M.	ONTH DA	Y YEAR	216 HOW		URRED (ENTER	NATURE OF INJU	JRY IN ITEM 18	PART 1 OR PART 2)		
MEC	WHILE NOT WH AT WORK AT WOR	ILE (AT H	CLACE OF INJ	TORY, OFFICE, FA	RM. ETC	27 /9			8/2	7/8	COUNTY	STA	ATE
			2/2	7/2193		nd that in (m	(our) opinic	on death accu	rred on the d	ote and hou	or and from the		
	226. SIGNATURE	O.Ba	enter	/		DEGREE		DIRECTO			22c. DATE	SIGNED	
	Dr. M.					22e ADDR	#413.	Crisf	ield.	Md.	21817		

23c. NAME OF CEMETERY OR CREMATORY
Delmarva Crematory

BP.

MPORTANT: If Hem 21 is marked ar Tem 18 Immer

24 FUNERAL DIRECTOR DHMH-16 50M 1/B1 (VRA 15, 4)

23a BURIAL, CREMATION REMOVAL (SPECIFY) Cremation

Bradshaw & Sons, Main St., Grisfield, Md.

3/31/83

23d LOCATION Lewes

Sussex

Del.

MAR 3 1 1983

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DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked at Item 18 shaws any injury, at ather troumatic event, the medicol exo

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		ENE 8	S REG. N	0	8	d.	8	9
		CEASED NAME OR PRINT)	Willi	e ^	MIDDLE	Wilkin	îS	3/-	2a. DATE OI	FDEATH	3-	31-83		: 15	
,	3. SE	Male	- 12	Negr	0	S. DATE C	ch 25 jg	EAR	6. AGE (IN)	EARS LAST BIR	THDAY)	IF UNDER I		UNDER :	24 HRS MIN.
2	70. BIRTHPLACE ISTATE OR FOREIGN 71		W.	S-H.	ED 🗆	9. BALTIMO SC	omerse	Y OF DEAT	Н		MD.				
1	С	risfield	E	dw. who	"MCCread	y™Memo	orial Hosp		PEGE WOR			FEN INDUS	ND OF E	SUSINE	SS OR
3	13a. S	1114.	DOYNE	Y	134 CITY OR TOW		13d INSIDE CITY LIV YES NO		25 W-(ADDRESS he3	pez/	Ke A	ve.	Pisk	Ma
0	1	Alsted FIRST		DDLE	Wil	Kins	15. MOTHER'S MAI		E	WIDDIE		6	D LAST	les	1
1	160 V	VAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	218-01-	6534	Halle e	eWill !	Kins	Sar	ne a	es No	0.13	e.	
7	CERTIFICATION	Conditions, if ony, very gove rise to immediate to immediate to immediate to immediate to immediate the couse of the couse	diote the lost.	DUE TO, OR		ENCE OF	NOT RELATED TO THE		NAL DISEAS			VEN IN PAR		S USED	3
	RTIFIC				S IN LUNDY				YES [NO	YE	FYING CAU		DEATH	
1	-	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH	216. TIME OF	M. MONTH D.	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NA	TURE OF INJUR	RY IN ITEM T8, I	PART I OR PAR	T 2)		
	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC)	21f. LOCATION STREET			CITY OR TO	wN	COUNT	Υ	51	ATE
		22a. I certify that (1) (the saw the deceased above, (1) (we) (did 22b. SIGNATURE	olive on_		19	, on	d that in (my) (aur) DEGREE ATTENI PHYSI	apinion de	to	STAF	ote and hou			ses sto	
		Dr. M. Ba		PRINT)			22e ADDRESS Rt.#413,					817			
	23a. B	SURIAL, CREMATION, RESPECIFY) BLY17		April 6	,1983	+77	EMETERY OR CREM	ATORY	23d. LOCA	TION OR TOWN	sta,	Jown.	rset	X	12
	24 FL	Norma Ward		Mar	ion. ADMid.	PA	#119		REC'D. BY R		256 12 GIST	TRAR'S SIG		E	1

STATE OF MARYLAND

